

**Vermont Appendix:
Application Approval &
Verification Process
Forms Schools Must Use
For 2018 - 2019**



Child Nutrition Programs

Vermont Agency of Education
219 North Main Street, Suite 402
Barre, VT 05641
(802) 479-1360
May 2018

2018 - 2019 Application Approval and Verification Forms

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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Timeline for the School Meal Eligibility Certification and Verification Process and other Important Dates

Date	Activity
July 1 or Earlier	<ul style="list-style-type: none"> • Prepare Free & Reduced Price Meal Applications and Cover Letters, Household Income Form and Cover Letters (CEP and Provision 2 Schools only), for Free Milk Applications and Cover letters (only for schools without meal programs) using AOE templates. • Determine Approving Officers and Verification Official for your SFA, enter their names and contact information in the site applications in VT-CNP. • Determine the “Independent Reviewer” if your SFA is on the Independent Review List. • Complete “Carry-Over” information for students to carry over their prior year benefits in the Point of Sale system. Determine and enter the 30th operating day of school, which is when carry-over benefits will cease.
August 1	<ul style="list-style-type: none"> • Complete the on-line <i>Financial Report</i> in VT-CNP. • Download Direct Certification List and start the Direct Certification Master List. • Complete and send out <i>Notice of Direct Certification Pre-Approval Letters</i> to households.
August 6– 10	<ul style="list-style-type: none"> • Attend a Child Nutrition Programs Summer Institute class for Application Approval & Verification training. If your SFA is required to conduct <i>Independent Reviews</i> of applications, be sure the Independent Reviewer receives training as well.
First Day of School (if not mailed out prior)	<ul style="list-style-type: none"> • Distribute Free & Reduced Price Meal Applications and Cover Letters to all Students. • Distribute the <i>Meal Charge Policy</i> as part of your back-to-school materials. • Be sure to mark all <i>error prone applications</i> during the application review and approval process; these will be used to determine your verification sample. • Start the Master Lists of Free Eligibility by Income, Free Categorical Eligibility, and Reduced-Price Eligibility.
20th Operating Day of School	<ul style="list-style-type: none"> • Distribute “Reminder Letters” notifying that previous year benefits will end on the 30th day of school.
30th Operating Day of School	<ul style="list-style-type: none"> • Update Point of Sale system to ensure students with prior year benefits who have not submitted a new application are changed in the system to be charged the full price for meals.
October 1	<ul style="list-style-type: none"> • Begin the <i>Verification Process</i>. • Determine the number of approved applications on file. • Enter the number of approved applications on file in the <i>Verification Calculator</i> to determine the number of applications that must be chosen for verification. • Record application and eligible student data in the <i>Verification Report</i>.
November 1	<ul style="list-style-type: none"> • Complete and submit the <i>Site Enrollment Report</i> in VT-CNP reporting 10/31 data.
November 17	<ul style="list-style-type: none"> • Deadline for completing the Verification process.* • Prepare the verification report. • *SFAs that will not complete the Verification Process by November 15 must request a waiver from the State Agency. • Deadline to submit the <i>Site Enrollment Report</i> in VT-CNP.
December 17	<ul style="list-style-type: none"> • Deadline to submit the <i>Verification Report</i> in VT-CNP. • Deadline to submit the <i>Independent Review Report</i> (paper copy). • Compare the Master List of Eligible students to the benefit issuance list in the Point of Sale system to ensure students are receiving the correct level of benefits.
February 1	<ul style="list-style-type: none"> • Deadline to conduct Site Reviews of Meal Counting and Claiming Systems at each site/school.
April 5	<ul style="list-style-type: none"> • Submit the Direct Certification Report/Community Eligibility Report in VT-CNP. Required of all SFAs.
Monthly	<ul style="list-style-type: none"> • Retrieve the Direct Certification Report to determine if students are newly eligible.
Three times per year (Best Practice)	<ul style="list-style-type: none"> • Compare the Master List of Eligible students to the benefit issuance list in the Point of Sale system to ensure students are receiving the correct level of benefits.

Verification Ameliorative Action List 2018-2019

Schools or SFAs that did not complete verification in school year 2017 – 2018 as required, that had a high number of students lose meal benefits during verification, and those that verified the incorrect number of applications are placed on the Ameliorative Action List. This information is collected annually on the Verification Report that all SFAs/Schools must submit no later than December 15th. The schools on this list must attend Application Approval and Verification Training and must conduct Verification using the **Standard Method of Verification** using error prone applications. Training provides Application Approval instruction and technical assistance on the Standard Method of Verification (which includes flagging any applications approved that are *Error Prone* - within a \$100 of the monthly income limit or within \$1200 for the annual income limit, and then conducting Verification using a sample of the *Error Prone* applications.). The Verification Report is submitted via the **VT-CNP System** and must be submitted no later than December 15th.

SFAs on the 2018 - 2019 Ameliorative Action List are listed below with their respective errors.

Each had one or more of the following errors in their 2017 - 2018 Verification Process:

- 50% or more of the applications verified resulted in the students losing benefits.
- Less than or more than the required 3% of the approved applications were reported as verified.
- Verification was not completed and/or the Verification Report was not completed correctly and submitted on time.

The Verification Report is submitted via the **VT-CNP System** and must be submitted no later than December 15th.

For questions about training, please contact Cheryl Rogers (802) 479-1360 cheryl.rogers@vermont.gov

2018 - 2019 Verification Ameliorative Action List

Addison Central School District – verified too many
Bishop Marshall School - verified too many
Caledonia Central – 100% lost benefits
Caledonia North – verified too few
Essex Westford Educational Community UUSD – 50% lost benefits
Franklin Northeast – verified too many
Franklin West – 60% lost benefits
Grand Isle – correct verification process
Hartford Town School District – Verified too many, 75% lost benefits
Harwood Unified Union School District – 50% lost benefits
Maple Run Unified School District – verified too many, 70% lost benefits
Mill River Unified Union School District – 100% lost benefits
Milton School District – 60% lost benefits
New England Kurn Hattin – verified too many, 50% lost benefits
North Country SU – verified too few, 70% lost benefits
Orange Southwest Unified USD – 2/3 lost benefits
Orleans Southwest – verified too few
Rutland Northeast – verified too many applications, 2/3 lost benefits
Springfield Town School District – 2/3 lost benefits
St. Johnsbury Academy – verified too few, reporting errors
St. Paul's School – did not report or complete verification
United Christian Academy – did not report or complete verification
Washington South – verified too many
Windsor Central – did not report or complete verification

2018-2019 Independent Review List

The SFAs listed below are required by Federal Regulations to conduct an *Independent Review* of the initial free and reduced price eligibility determinations for school meal applications for accuracy prior to notifying households of eligibility for benefits. Section 304 of the HHFKA of 2010 requires all school food authorities (SFAs) with high levels of, or a high risk for, administrative error with certification, verification and other administrative processes to conduct a second review of applications to ensure accurate approval and correct eligibility for benefits. For School Year 2018-2019, the SFAs listed below are required by Federal Regulations to conduct a second, Independent Review, of all meal applications prior to notifying households of eligibility. Applications must be reviewed, initialed and dated by the responsible individual following the initial approval by the approving officer. Training is also required for the individuals reviewing and approving the meal applications in these SFAs. Register for training [here](#).

The **Independent Review** of applications means that the SFA must have a person independent from the approving officer conduct a second review of each application received. During this second review of applications, the Independent Reviewer must do the following:

- Review child/student names and determine if homeless/migrant/runaway or foster child box was checked.
- If household indicated “yes” in step 2, validate that a case number was included. (last 4 digits of social security number)
- Review child income if reported
- Validate number of adult household members reported
- Validate that if income was reported, an earning period was indicated.
- Re-calculate the income for each income source to validate the total household income is correct. Compare to Income Guidelines.
- Verify that the correct approval status was determined.
- Sign off that it was approved correctly and date the meal application. If any errors were found, the application must be corrected and the school must keep a record of any changes required for the [State Independent Review Report](#).

2018-2019 Independent Review List	
<ul style="list-style-type: none"> • Addison Central SD (18) • Addison Northeast SU (SY 17) • Addison Northwest (18) • Bishop Marshall (18) • Essex North SU (18) • Grand Isle SU (SY18) • Greater Rutland SU (18) • Mater Christi (18) 	<ul style="list-style-type: none"> • Kingdom East (SY16) • Rutland Northeast (17) • St. Johnsbury Academy (SY17) • St. Paul School (18) • Washington South (SY17) • White River Valley SU (SY16) • Windsor Central SU (18) • Windsor Southeast (18)

State Independent Review Report

Each school must track the following for all applications submitted and approved through October 31:

1. The number of free and reduced price applications subject to a second review.
2. The number of applications for which the eligibility determination was changed.
3. The percentage of reviewed applications that was changed.
4. A summary of the types of changes that were made.

The **Independent Review Report** must be submitted each year by the above schools by December 15th.

[Insert School District Letterhead]

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. **Your children may qualify for free meals or for reduced price meals.** Reduced price meals are served at no charge to families. This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- a. All children in households receiving benefits from **3SquaresVT or Reach-Up** are eligible for free meals.
- b. **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- c. **Children participating in their school's Head Start program are eligible for free meals.**
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME ELIGIBILITY GUIDELINES For School Year 2018 - 2019					
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional household member add	7,992	666	333	308	154

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator]**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so **be sure to fill out all required information. Return the completed application to: [name, address, phone number].**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[name, address, phone number, e-mail]** immediately.
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your children is eligible for free meals, your child will be charged the full price for meals.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals; a meal application is needed. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number, e-mail]**.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. **Contact [name, address, phone number, e-mail] to receive a second application.**
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **3SquaresVT** or other assistance benefits, contact your local assistance office or call **1-800-479-6151**.

If you have other questions or need help, call **[phone number]**.

Sincerely,

[signature]

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(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

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HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in **[School District]**. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **[School/school district contact here---phone & email preferred]**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Step 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **[school/school system here]**, regardless of age.

A) *List each child's name.* For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box, stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) *List the school name and grade. Is the child a student?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend school.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

Step 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: 3SquaresVT OR Reach-Up

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- 3SquaresVT [food stamps]
- Reach-Up

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Provide a case number for 3SquaresVT or Reach-Up. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: **the Benefits Service Center at (800) 479-6151**. You must provide a case number on your application if you circled "YES".
- Skip to STEP 4.

Step 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) **Report all income earned by children.** Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for **ALL** children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?*

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. **Infrequent earnings received on an irregular basis, such as payment for occasional baby-sitting or mowing lawns are not included.*

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none">Earnings from work	<ul style="list-style-type: none">A child has a job where they earn a salary or wages.
<ul style="list-style-type: none">Social Security<ul style="list-style-type: none">Disability PaymentsSurvivor's Benefits	<ul style="list-style-type: none">A child is blind or disabled and receives Social Security benefits.A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none">Income from persons <i>outside</i> the household	<ul style="list-style-type: none">A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none">Income from any other source	<ul style="list-style-type: none">A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household's income **and** do not contribute income to your household.
- Children and students already listed in Step 1

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.

B) *List Adult Household member's name.* Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) *Report earnings from work.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) *Report income from Public Assistance/Child Support/Alimony.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

E) *Report income from Pensions/Retirement/All other income.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) *Report total household size.* Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of **your**

household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.

G) *Provide the last four digits of your Social Security Number.* The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SS#."

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

Step 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

Step 4: CONTACT INFORMATION AND ADULT SIGNATURE

A) *Provide your contact information.* Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) *Sign and print your name.* Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) *Write Today's Date.* In the space provided, write today's date in the box.

App #

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Child's First Name										MI	Child's Last Name										School Name										Grade		Student?		Foster		Migrant			
																																	Yes		No		Child		Runaway	
																																	<input type="checkbox"/>	<input type="checkbox"/>	Check all that	<input type="checkbox"/>	<input type="checkbox"/>			
																																	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
																																	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
																																	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
																																	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			

Case Number: _____

Child Income					Weekly	Bi-Weekly	2x 3-Month	Monthly
S					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name Adult Household Members (First & Last)	Earnings from Work				Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	Weekly	Bi-Weekly	2x Month	Monthly								
	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Check if no CCN ☐

Her Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org. For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit 3SquaresVT.org.

Determining Official's Signature		Date	Confirming Official's Signature		Date	Verifying Official's Signature		Date

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, PSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional household member add 4,180	7,992	666	333	308	154

The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price school meals if your household income falls within the limits on this chart.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP/VT), Temporary Assistance for Needy Families (TANF/Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at http://www.nacac.usda.gov/complaints/line_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Notice of Direct Certification Pre-Approval for Free School Meals

[Date]

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and after school snacks at school because they receive **3SquaresVT** or **Reach-Up** benefits.

Name of Child	Name of School

If there are other school-age children in your household who aren't listed above, *they also qualify for free meals*. Please notify the school of the names of these additional children.

You will not have to complete the free and reduce price meal application that your child brings home.

Please contact the school your child/children attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school
- You do not want your children to have free meals
- You have any additional questions

[name]

[phone number]

[e-mail address]

Sincerely,

[signature]

Keep this letter, as it may be helpful in determining your child's eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250-VHAP (8427).

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

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Free Meals Direct Certification Letter

[Insert School District Letterhead]

Dear Parent/Guardian:

Our school serves milk each school day. Schools that do not participate in the School Lunch or Breakfast Program may participate in the Special Milk Program and offer low cost or free milk to all students. In schools where Kindergarten children do not have access to the School Breakfast and/or Lunch Program, kindergarteners may be offered the Kindergarten Special Milk Program. The cost for Milk is **[\$]**.

To get free milk for your child/children fill out an application and return it to the school. We cannot approve an application that is not complete so please follow the instructions for completing a free school milk application on the back side of the milk application.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free milk. *Use one Free School Milk Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, phone number]**.
2. WHO CAN GET FREE MILK? All children in households receiving benefits from **3SquaresVT or Reach-Up** can get free milk regardless of your income. Also, your children can get free milk if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. CAN FOSTER CHILDREN GET FREE MILK? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free milk. Any foster child in the household is eligible for free milk regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MILK? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free milk. If you haven't been told your children will get free milk, please call or e-mail **[school, homeless liaison or migrant coordinator information]** to see if they qualify.
5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER FROM 3SQUARESVT OR REACH UP THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MILK? Please read the letter you got carefully and follow the instructions. To ensure your children receive milk benefits immediately, please send the letter to the school. Call the school at **[phone number]** if you have questions.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MILK? Children in households participating in WIC may be eligible for free milk. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free milk if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number, e-mail]**.

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free milk.
12. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **3SquaresVT** or other assistance benefits, contact your local assistance office or call **1-800-479-6151**.

If you have other questions or need help, call **[phone number]**.

Si necesita ayuda, por favor llame al teléfono: **[phone number]**.

Si vous voudriez d'aide, contactez nous au numero: **[phone number]**.

Sincerely,

[Signature]

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

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Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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Milk Program Household Letter



App. #

APPLICATION FOR FREE SCHOOL MILK 2018-2019

To apply for free or reduced price meals, complete this form, sign it and return it to the school.

If you have any questions, or need help to fill this form out, please call the school.

Part 1. List each child's information.

FULL NAME(S) of student(s)	Name of School	Grade	Check box if a Foster Child
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2 Benefits: If any member of your household received 3SquaresVT or Reach-Up assistance, provide the name of the head of household and the case number for the person who receives benefits. If no one receives these benefits, skip to part 4.

Name:

Case Number:

Part 3. If any child you are applying for is **Homeless, Migrant**, or a **Runaway** check the appropriate box and contact your school Homeless Liaison or Migrant Coordinator. ☐ Homeless ☐ Migrant ☐ Runaway

Part 4. INCOME Eligibility (If you completed 3SquaresVT or Reach Up section of Part 2 above, skip to Part 5)

Enter gross income (before deductions) of each household member and state how often it is received (Weekly, monthly, every two weeks, twice a month, or annually)

Name of household member List names of all household members, including students listed above	Gross Earnings from work – before deductions	Child Support, Alimony or Welfare	Social Security Pensions Retirement	Any other Income
Sample: Jane Smith	\$ 249.00 / weekly	\$ 300.00 / month	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

Part 5. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian

Social Security Number:

XXX – XX – ____

☐ I do not have a Soc. Sec. number

Street/Apt No.

Home Phone

Work Phone

City/State/Zip

Date Signed

Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org. For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com.

FOR SCHOOL USE ONLY & PLEASE DO NOT WRITE BELOW THIS LINE

Household Size: ____	Total Income _____ Per Time Period ____ Year ____ Month ____ 2XMonth ____ Every 2 Weeks ____ Week	NOTE: Annual Income Conversion - Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12
To be valid, this form must be signed and dated.		[] Denied Over Income Incomplete Form
Signature of Approving Official	Date	
Signature of Confirming Official	Date	
Eligibility Determination: (Check the box and circle the reason) [] Free Income 3SquaresVT / Reach-Up Migrant/Runaway/Homeless Name Of Foster Child: _____		

INSTRUCTIONS FOR APPLYING

If your household receives 3SquaresVT OR REACH UP, follow these instructions:

Part 1: List each child's name, school name and grade.

Part 2: Enter the name of the head of household and the Case Number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)

Part 3 & Part 4: Skip these parts.

Part 5: Sign the form. The last four digits of the Social Security number are not necessary if you are listing a 3SquaresVT or Reach Up case number.

Note: The 3SquaresVT Program and VT DOE send information to your child's school district that shows that he/she is eligible for free school meals unless you told the 3SquaresVT Program not to send the letter. The school then sends a letter to you saying that your child(ren) has been pre-approved for free meals. If you have not received this letter, please complete and return this form to ensure your children receive benefits.

If you are applying *only* for a FOSTER CHILD(ren), follow these instructions:

Part 1: List the child's name, school and grade and check the box.

Parts 2 through Part 4: Skip these parts.

Part 5: Sign the form. The last four digits of the Social Security number are not necessary for foster parents.

If some of the children in the household are foster children:

Part 1: List all children, their school and grade. Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant or runaway check the appropriate box and call your school.

Part 4: See the instructions for **All other Households, Part 4** below.

Part 5: Adult household member must sign and include the last four digits of the Social Security Number.

If you are applying for a Homeless, Migrant, or Runaway youth, follow these instructions:

Part 1: List the child's name, school and grade.

Part 2: Skip this part.

Part 3: Check the appropriate box and call your school for the Homeless Liaison or Migrant Coordinator.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of the Social Security number are not necessary.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Skip this part if the household does not have a case number.

Part 3: Skip this part.

Part 4: Follow these instructions to report **total household income** from last month.

First Column –Name: List the first and last name of **each person** living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including the child(ren) you are applying for. Attach another sheet of paper if you need to.

Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list **gross income** – not take home pay. Gross income is the amount earned before taxes and other deductions. This should be on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans Benefits (VA benefits), and disability benefits. Under *Any other Income* list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from 3SquaresVT, WIC, Federal Education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security number.

Income Eligibility Guidelines

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Your children qualify for free school milk if your household income falls within the limits on this chart.
1	15,782	1,316	658	607	304	
2	21,398	1,784	892	823	412	
3	27,014	2,252	1,126	1,039	520	
4	32,630	2,720	1,360	1,255	628	
5	38,246	3,188	1,594	1,471	736	
6	43,862	3,656	1,828	1,687	844	
7	49,478	4,124	2,062	1,903	952	
8	55,094	4,592	2,296	2,119	1,060	
For each additional household member add	5,616	468	234	216	108	

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Notice of Direct Certification Pre-Approval of Free School Milk

[Date]

To The Parent/Guardian of:

Name of Child	Name of School

Because your child(ren) are enrolled in the 3SquaresVT program (formally called food stamps) your child(ren) will get FREE milk at school.

If you want your child to get Free Milk – Do nothing! If your child brings home an application for free milk, you do not have to fill it out.

If you **do not** want your child(ren) to receive free school milk, call [Name] or write to:

[Name]

[Address]

Sincerely,

[Name]

[Title]

Keep this letter, as it may be helpful in determining your child's eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250 VHAP (8427).

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(1) mail: U.S. Department of Agriculture
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Free Milk Direct Certification Letter

Child Nutrition Programs
INCOME ELIGIBILITY GUIDELINES
FREE AND REDUCED PRICE SCHOOL MEALS
OR FREE SCHOOL MILK
School Year 2018-2019

Household Size	Free					Reduced Price				
	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,782	1,316	658	607	304	22,459	1,872	936	864	432
2	21,398	1,784	892	823	412	30,451	2,538	1,269	1,172	586
3	27,014	2,252	1,126	1,039	520	38,443	3,204	1,602	1,479	740
4	32,630	2,720	1,360	1,255	628	46,435	3,870	1,935	1,786	893
5	38,246	3,188	1,594	1,471	736	54,427	4,536	2,268	2,094	1,047
6	43,862	3,656	1,828	1,687	844	62,419	5,202	2,601	2,401	1,201
7	49,478	4,124	2,062	1,903	952	70,411	5,868	2,934	2,709	1,355
8	55,094	4,592	2,296	2,119	1,060	78,403	6,534	3,267	3,016	1,508
For each additional household member add	5,616	468	234	216	108	7,992	666	333	308	154

BENEFIT NOTIFICATION

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);

Your application was:

- ☐ Approved for free meals
- ☐ Approved for reduced price at \$ _____ for after school snacks. There is no charge for reduced price breakfast and lunch this year.
- ☐ Approved for free milk
- ☐ Denied for the following reason(s):
- ☐ Income over the allowable amount
 - ☐ Incomplete application because _____
 - ☐ Other _____

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or at **[e-mail address]**. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL _____

Sincerely,

[Signature]

Name

Title

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Notification Letter of Eligibility

REMINDER LETTER REGARDING EXPIRATION OF PREVIOUS YEAR ELIGIBILITY BENEFITS

DATE:

TO:

FROM: **[Name/School Approval Officer]**

RE: **School Meals and Eligibility Benefits**

Last year your family was eligible for Free/Reduced Price school meals. As of today, we have not received an application for the current school year. Unless you submit an application by **[insert date]**, your child(ren) will have to pay the full price.

As of **[insert date]** your child(ren) will have to pay the following prices for school meals:

Breakfast \$ _____

Lunch \$ _____

Enclosed is information about the meals program. Also enclosed is another copy of the application form if you wish to apply.

You may call **[name]** at **[phone number]** if you want to discuss this matter.

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Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
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(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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Master List - Directly Certified Students

LEA/School _____

Year _____ Page_____

INSTRUCTIONS: You must keep a List of Directly Certified students, from all certification sources such as the AOE Student Census, a roster signed by a Head Start, a letter from the AOE Migrant Education Program, a letter/list from the school district Homeless/Runaway Youth Coordinator, etc. for their history [date of change] in case of a change in eligibility and/or circumstances. Include the approval date. For Direct Certification from the Student Census, **be sure to update and include date information as soon as additions are made.** The Direct Certification List from the Student Census must be checked monthly.

Student	Grade	Approval Date	Direct Certification Source / Basis C: Census M: Migrant H: Homeless HS: Head Start F: State-Placed Foster E: Extended from sibling/household member	SNAP? Indicate with Y	If Status Changes		
					Date of change	Status Changed to	Reason [moved, etc]

(Households not on the Direct Certification List participating in the Reach-Up or 3SquaresVT program, or self identifying as Homeless, or Emancipated minor)

Year _____ Page _____

[illegible]

MASTER LIST – FREE by Income Eligibility

LEA/School _____

Year _____ Page _____

INSTRUCTIONS: Keep a Master List of approved free eligible students in alphabetical order by school, using the format below. Leave extra space for additions, or add new names to the end of the list. **Be sure to modify and date information as soon as changes occur.** If you keep your Master List on a computer, be sure to include all the information requested on the form below. If it is easier to use eligibility list by grade for determining meal counts, complete a second Master List by grade for this purpose.

[illegible]

MASTER LIST - REDUCED

LEA/School _____

Year _____ Page _____

INSTRUCTIONS: Keep a Master List of approved reduced eligible students in alphabetical order by school, using the format below. Leave extra space for additions, or add new names to the end of the list. **Be sure to modify and date information as soon as changes occur.** If you keep your Master List on a computer, be sure to include all the information requested on the form below. If it is easier to use an eligibility list by grade for determining meal counts, complete a second Master List by grade for this purpose.

[illegible]

MASTER LIST – Denied Applications

LEA/School _____

Year _____ Page _____

INSTRUCTIONS:

Keep a List of Denied Applications, for their history [date denied/date changed] in case of a change in eligibility.

[illegible]

Vermont Agency of Education – Direct Certification Status Form
-CONFIDENTIAL-

To: Vermont Agency of Education – Child Nutrition Programs

Fax: (802) 479-1822 Phone: (802) 479-1360 or (802) 479-1187

From: _____
Contact Person _____ Name of School _____

Fax: _____ Phone: _____

Date: _____

Student Name		DOB	Gender	Grade	Town	Direct Cert.
Last	First M.I.					

This fax may contain confidential information intended only for the person(s) named above. If you have received this fax in error or if there was a problem in its transmission, please notify the sender immediately.

Student Direct Certification Status

Schools wishing to determine Direct Certification Status must submit student information either by fax (802) 479-1822 or email cheryl.rogers@vermont.gov or laurie.colgan@vermont.gov.

- It is preferable that the Direct Certification Status form is used but as long as the student's name, date of birth, gender, grade and town of residence are supplied we can accept the request.
- Make sure that there is also a contact person, phone number and fax number in case there are any questions on the students that are being requested and the information can be returned to the appropriate person.

SFA_____ Telephone Number:_____

Worksheet completed by: _____

VERIFICATION NOTICE

School: _____ Date: _____

Dear _____:

Your child's application has been selected as part of a review – called the Verification review - to make sure that only eligible children receive free and reduced price meal benefits.

For this review, you must send proof that the free or reduced-price meal benefits that have been awarded to your household are correctly awarded. We have included information below to assist you in providing the needed proof. If possible, please do not send original papers. If you are unable to send copies of your original documents, the originals will be returned only if you request their return.

For additional information on the review process, please contact **[Insert Official's Name]** at **[Insert Contact Information]**.

Please send your proof to **[Insert Name of Verification Reviewing Official and Complete Mailing Address]** or return it in person at **[Insert Complete Address]** by **[Insert Date]**.

If you do not send information that proves your child is eligible to receive free or reduced-price meal benefits by **[Insert Date Inserted Above]**, your child's free or reduced-price meal benefits will be stopped.

Thank you for your cooperation in this matter.

Sincerely,

[signature]

Instructions:

1. IF YOU WERE RECEIVING BENEFITS FROM **3SquaresVT** OR **Reach-Up** WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- **3SquaresVT** or **Reach-Up** Certification Notice that shows dates of certification.
- Letter from **3SquaresVT** or **Reach-Up** office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT **[school, homeless liaison, or migrant coordinator]** FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES **3SquaresVT** or **Reach-Up** benefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address]**

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the **Reach-Up or Dept. of Children & Families** office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at **[e-mail address]**.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Verification Notice

**3SquaresVT/Reach-Up/Foster Child Verification
For School Meals Program**

For school to complete:

School Name _____ Date _____

School Address _____

School representative _____

Phone _____ Email address _____

Fax Number: _____

Please verify that the children identified below are receiving 3SquaresVT or Reach Up benefits or are in DCF custody. If there are additional children, please list them on the back of the form.

1. Parent's name _____ Case Number _____

2. Address _____

3. City _____ State _____ Zip code _____

Child's Name	Child's Date of Birth

Send this form to: Department for Children and Families,
ESD Food and Nutrition Programs, School Meals Verification,
280 State Drive, Waterbury, Vt. 05671-1201
Attn.: Emily Hammond
(802) 241-0600
Or Fax to: 802-241-0460

Please enclose a self-addressed return envelope.

For DCF to complete:

___ The children/household identified above ARE receiving 3SquaresVT or Reach Up benefits.

___ The child/children identified above are Foster Children.

___ The children/household identified above are NOT receiving 3SquaresVT or Reach Up benefits.

___ The child/children are not foster children.

DCF staff member verifying information _____

Date of verification _____ Phone: _____ Email _____

LETTER A HOUSEHOLD MAY HAVE AN EMPLOYER COMPLETE
STATEMENT OF EARNINGS

This statement is to confirm that _____ received the
(Employee's Name)
following amount of gross income (income before deductions for taxes, social security, insurance,
etc. were made) in the **most recent** pay period \$_____.

This income is paid:

- ☐ Weekly
☐ Every Two Weeks
☐ Twice a Month
☐ Monthly
☐ Other (please explain) _____

Date the payment listed above was made_____.

Company Name

Federal Employer ID# (FEIN)

Signature of Employer or Employer Representative

Title

Address

City, State, Zip

VERIFICATION RESULTS

School: _____ Date: _____

Dear _____:

We checked the information you sent us to verify that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

- ☐ Your child(ren)'s eligibility has not changed.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price breakfasts and lunches are served at no charge.
- ☐ Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
- ___ Records show that no one in your household received **3SquaresVT** or **Reach-Up** benefits.
 - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **3SquaresVT** or **Reach-Up** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**, or **[e-mail]**.

Sincerely,

[signature]

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Verification Roster or Log (SFA Worksheet – do not submit to Child Nutrition Programs)

SFA

School Year 2018-2019

Page ____ of ____

Directions: Once the sample of applications has been determined, enter the application number and the names of the students listed on the applications that were chosen for verification. For **Application Type**, enter “C” for **categorical**, “F” for **free by income** or “R” for **reduced**. Enter dates for each activity identified and simply check the appropriate column under “Results” and “Reasons.” Keep this on file to prepare your report.

[illegible]

[Insert School/SU Letterhead]

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision (CEP) or Provision 2 under the National School Lunch Program. Under these provisions, *all students* receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits like supplemental tutoring, lower rates for the internet through Comcast, and assistance with fees for college entrance exams for your child(ren), you will need to complete a household income form.

16. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. *Use one Household Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to: **[name, address, phone number]**.
17. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT **SCHOOL**, WHY SHOULD I COMPLETE THIS FORM? Many state and federal programs use household income information to determine eligibility for their programs. By completing this form your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge at **school**.
18. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
19. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
20. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
21. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call **[phone number]**.

Sincerely,

[signature]

[School Official Name]

[Title]

2018 – 2019 Community Eligibility and Provision 2 Household Income Form

Vermont Agency of Education

Your school is a Community Eligible or Provision 2 school which means *all* students receive meals at no charge. However, to determine eligibility to receive additional benefits beyond free meals for your child/children and school, please complete the household income form. Return form to: **insert school information here**

- In Section 1, check the box that shows the number of people in your household.** Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- In Section 2, check the box that shows the range of annual income for all people in your household.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.
- In Section 3, check the appropriate box if your household receives benefits from one of these programs.**

1. Total No. of people in household	2. Select the appropriate range of combined annual income for all people in the household (Include all income sources listed above before taxes.)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below - \$15,782	<input type="checkbox"/> Above \$15,782 & at or below \$22,459	<input type="checkbox"/> Above \$22,459
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below - \$21,398	<input type="checkbox"/> Above \$21,398 & at or below \$30,451	<input type="checkbox"/> Above \$30,451
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below - \$27,014	<input type="checkbox"/> Above \$27,014 & at or below \$38,443	<input type="checkbox"/> Above \$38,443
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below - \$32,630	<input type="checkbox"/> Above \$32,630 & at or below \$46,435	<input type="checkbox"/> Above \$46,435
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below - \$38,246	<input type="checkbox"/> Above \$38,246 & at or below \$54,427	<input type="checkbox"/> Above \$54,427
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below - \$43,862	<input type="checkbox"/> Above \$43,862 & at or below \$62,419	<input type="checkbox"/> Above \$62,419
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below - \$49,478	<input type="checkbox"/> Above \$49,478 & at or below \$70,411	<input type="checkbox"/> Above \$70,411
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below - \$55,094	<input type="checkbox"/> Above \$55,094 & at or below \$78,403	<input type="checkbox"/> Above \$78,403
<input type="checkbox"/> 9 →	<input type="checkbox"/> At or below - \$60,710	<input type="checkbox"/> Above \$60,710 & at or below \$86,395	<input type="checkbox"/> Above \$86,395
<input type="checkbox"/> 10 →	<input type="checkbox"/> At or below - \$66,326	<input type="checkbox"/> Above \$66,326 & at or below \$94,387	<input type="checkbox"/> Above \$94,387
<input type="checkbox"/> 11 →	<input type="checkbox"/> At or below - \$71,942	<input type="checkbox"/> Above \$71,942 & at or below \$102,379	<input type="checkbox"/> Above \$102,379
<input type="checkbox"/> 12 →	<input type="checkbox"/> At or below - \$77,558	<input type="checkbox"/> Above \$77,558 & at or below \$110,371	<input type="checkbox"/> Above \$110,371
If household size is more than 12, list the household size and total annual income below.			
<input type="checkbox"/> Size: _____	<input type="checkbox"/> Income: _____		
3. Indicate if your household receives assistance from one of these programs:		<input type="checkbox"/> 3SquaresVT	<input type="checkbox"/> Reach-Up

- List all students in the household.** If any child you are reporting is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	Foster	Homeless Migrant, Runaway	Head Start

Contact information and adult signature: "I certify (promise) that all information on this application is true and that all income is reported."

Adult Signature

Today's Date

Printed Name of Adult Signing the Form

City

State

Zip Code

()

Daytime Phone

(Optional)

Email (Optional)

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Meets the free guidelines _____
 Meets the reduced guidelines _____
 Income over the guidelines _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____